FOOD SAFETY EVALUATION REPORT

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HANFORD APOSTOLIC ASSEMBLY CHURCH</td>
<td>(559) 303-2626</td>
<td>PR0007153</td>
<td>December 12, 2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>223 E NINTH ST</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PASTOR SAMUEL DELGADO</td>
<td>Not Specified</td>
<td></td>
<td>Liliana Stransky - REHS</td>
</tr>
</tbody>
</table>

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

According to Pastor Samuel Delgado, an arson incident that occurred on November 17, 2016, destroyed the church. The building will have to be torn down and rebuilt before it can be occupied again. Pastor Delgado stated they are not expecting to rebuild or reopen anytime soon, but he will contact the office to inform us of their decision to rebuild.

The facility will be closed and a copy of the report will be mailed to Pastor Delgado for his records.

RESULTS OF EVALUATION:  

<table>
<thead>
<tr>
<th>PASS</th>
<th>NEEDS IMPROVEMENT</th>
<th>FAIL</th>
</tr>
</thead>
</table>

Reinspection Required: No: X
Reinspection Date (on or after): N/A
Potential Food Safety All Star:

NOTE: This report must be made available to the public on request

Received By:  
Liliana Stransky - REHS  
Agency Representative
FOOD SAFETY EVALUATION REPORT

FACILITY NAME: HANFORD APOSTOLIC ASSEMBLY CHURCH
BUSINESS PHONE: (559) 303-2626
RECORD ID#: PR0007153
DATE: December 18, 2015

FACILITY SITE ADDRESS: 223 E NINTH ST
CITY: HANFORD
ZIP CODE: 93230
INSPECTION TYPE: ROUTINE INSPECTION

OWNER NAME: PASTOR FELIX LUNA
CERTIFIED FOOD HANDLER: Not Specified
EXP DATE: 
INSPECTOR: Liliana Stransky - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

Observed refrigerator at 32F.
Hand washing station had soap and paper towels.
The restroom facilities were noted clean and well stocked.
Overall the facility was noted very clean, organized and well maintained.

Thank you!

RESULTS OF EVALUATION: X PASS □ NEEDS IMPROVEMENT □ FAIL

Reinspection Required: Yes: □ No: X
Reinspection Date (on or after): N/A

Potential Food Safety All Star: 

Received By: 

Liliana Stransky - REHS
Agency Representative

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**FOOD SAFETY EVALUATION REPORT**

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<td>(559) 303-2626</td>
<td>PR0007153</td>
<td>January 09, 2015</td>
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<tr>
<td>PASTOR FELIX LUNA</td>
<td>Not Specified</td>
<td></td>
<td>Kimberly Schneider</td>
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The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

**Violations:**

**IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT**

[HSC 114161-114182 & 114257]

**Description/Corrective Action:**

Observed toilets not secure to floor in both mens and womens restroom. Please fix.

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**General Comments:**

Cold holding noted at 41° F and below.

Restroom fully stocked and functional.

Hand sink stocked with soap, paper towels and hot water.

Overall, facility was clean at time of inspection.

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**RESULTS OF EVALUATION:**

- [x] PASS
- [ ] NEEDS IMPROVEMENT
- [ ] FAIL

**Reinspection Required:**

- [x] Yes
- [ ] No

**Reinspection Date (on or after):**

N/A

**Potential Food Safety All Star:**

- [ ]

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**Received By:**

**Agency Representative:**

*Kimberly Schneider*

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**NOTE:** This report must be made available to the public on request